City of Seattle Traditional Plan - 2012 Rates

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share & RSR Contribution Employee Deduction	\$949.29 \$949.29 \$0.00	\$949.29 \$916.95 \$32.34	\$949.29 \$0.00 \$949.29	\$968.28 \$0.00 \$968.28
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$770.35 \$770.35 \$0.00	\$770.35 \$738.01 \$32.34	N/A	\$785.76 \$0.00 \$785.76
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$949.29 \$949.29 \$0.00	\$949.29 \$916.95 \$32.34	N/A	\$968.28 \$0.00 \$968.28
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$770.35 \$770.35 \$0.00	\$770.35 \$738.01 \$32.34	N/A	\$785.76 \$0.00 \$785.76
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$949.29 \$949.29 \$0.00	\$949.29 \$916.95 \$32.34	N/A	\$968.28 \$0.00 \$968.28
Local 77 City Share Employee Deduction	\$1,369.44 \$1,300.98 \$68.46	\$1,369.44 \$1,300.98 \$68.46	N/A	\$1,396.83 \$0.00 \$1,396.83
CMEO City Share Employee Deduction	\$949.29 \$940.41 \$8.88	\$949.29 \$908.07 \$41.22		\$968.28 \$0.00 \$968.28
SPOG (LEOFF I) City Share Employee Deduction	\$978.05 \$929.15 \$48.90	\$978.05 \$929.15 \$48.90	N/A	\$997.61 \$0.00 \$997.61
SPOG (LEOFF II) City Share Employee Deduction	\$1,178.36 \$1,119.44 \$58.92	\$1,178.36 \$1,119.44 \$58.92	N/A	\$1,201.93 \$0.00 \$1,201.93
Fire Chiefs (LEOFF I) City Share Employee Deduction	\$770.35 \$770.35 \$0.00	\$770.35 \$654.79 \$115.56	N/A	\$785.76 \$0.00 \$785.76
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$949.29 \$949.29 \$0.00	\$949.29 \$806.89 \$142.40	N/A	\$968.28 \$0.00 \$968.28

GROUP HEALTH STANDARD - 2012 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share & RSR Contribution Employee Deduction	\$967.83 \$919.43 \$48.40	\$967.83 \$867.93 \$99.90	\$967.83 \$0.00 \$967.83	\$987.19 \$0.00 \$987.19
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$967.83 \$967.83 \$0.00	\$967.83 \$916.33 \$51.50	N/A	\$987.19 \$0.00 \$987.19
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$967.83 \$919.43 \$48.40	\$967.83 \$867.93 \$99.90	N/A	\$987.19 \$0.00 \$987.19
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$967.83 \$967.83 \$0.00	\$967.83 \$916.33 \$51.50	N/A	\$987.19 \$0.00 \$987.19
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$967.83 \$919.43 \$48.40	\$967.83 \$867.93 \$99.90	N/A	\$987.19 \$0.00 \$987.19
Local 77 City Share Employee Deduction	\$1,114.80 \$1,059.06 \$55.74	\$1,114.80 \$1,059.06 \$55.74	N/A	\$1,137.10 \$0.00 \$1,137.10
CMEO City Share Employee Deduction	\$967.83 \$919.09 \$48.74	\$967.83 \$867.59 \$100.24		\$987.19 \$0.00 \$987.19
SPOG (LEOFF I & II) City Share Employee Deduction	\$1,182.24 \$945.80 \$236.44	\$1,182.24 \$945.80 \$236.44	N/A	\$1,205.88 \$0.00 \$1,205.88
Fire Chiefs (LEOFF I) City Share Employee Deduction	\$967.83 \$967.83 \$0.00	\$967.83 \$822.67 \$145.16	N/A	\$987.19 \$0.00 \$987.19
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$967.83 \$822.67 \$145.16	\$967.83 \$822.67 \$145.16	N/A	\$987.19 \$0.00 \$987.19

GROUP HEALTH - DEDUCTIBLE 2012 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share & RSR Contribution Employee Deduction	\$891.36 \$866.36 \$25.00	\$891.36 \$834.44 \$56.92	\$891.36 \$0.00 \$891.36	\$909.19 \$0.00 \$909.19
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$891.36 \$891.36 \$0	\$891.36 \$859.44 \$31.92	N/A	\$909.19 \$0.00 \$909.19
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$891.36 \$866.36 \$25.00	\$891.36 \$834.44 \$56.92	N/A	\$909.19 \$0.00 \$909.19
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$891.36 \$891.36 \$0	\$891.36 \$859.44 \$31.92	N/A	\$909.19 \$0.00 \$909.19
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$891.36 \$866.36 \$25.00	\$891.36 \$834.44 \$56.92	N/A	\$909.19 \$0.00 \$909.19
Local 77	N/A	N/A	N/A	N/A
CMEO City Share Employee Deduction	\$891.36 \$866.04 \$25.32	\$891.36 \$834.12 \$57.24		\$909.19 \$0.00 \$909.19
SPOG (LEOFF I & II) City Share Employee Deduction	\$872.36 \$828.74 \$43.62	\$872.36 \$828.74 \$43.62	N/A	\$889.81 \$0.00 \$889.81
Fire Chiefs (LEOFF I) City Share Employee Deduction	\$891.36 \$891.36 \$0	\$891.36 \$757.66 \$133.70	N/A	\$909.19 \$0.00 \$909.19
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$891.36 \$757.66 \$133.70	\$891.36 \$757.66 \$133.70	N/A	\$909.19 \$0.00 \$909.19

CITY OF SEATTLE PREVENTIVE PLAN 2012 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share & RSR Contribution Employee Deduction	\$1,049.37 \$1,001.25 \$48.12	\$1,049.37 \$950.87 \$98.50	\$1,049.37 \$0.00 \$1,049.37	\$1,070.36 \$0.00 \$1,070.36
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$1,049.37 \$1,049.37 \$0.00	\$1,049.37 \$998.99 \$50.38	N/A	\$1,070.36 \$0.00 \$1,070.36
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$1,049.37 \$1,001.25 \$48.12	\$1,049.37 \$950.87 \$98.50	N/A	\$1,070.36 \$0.00 \$1,070.36
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$1,049.37 \$1,049.37 \$0.00	\$1,049.37 \$998.99 \$50.38	N/A	\$1,070.36 \$0.00 \$1,070.36
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$1,049.37 \$1,001.25 \$48.12	\$1,049.37 \$950.87 \$98.50	N/A	\$1,070.36 \$0.00 \$1,070.36
Local 77 City Share Employee Deduction	\$1,351.63 \$1,284.05 \$67.58	\$1,351.63 \$1,284.05 \$67.58	N/A	\$1,378.66 \$0.00 \$1,378.66
CMEO City Share Employee Deduction	\$1,049.37 \$992.77 \$56.60	\$1,049.37 \$942.39 \$106.98	N/A	\$1,070.36 \$0.00 \$1,070.36
SPOG (LEOFF I & II) City Share Employee Deduction	\$1,323.36 \$1,257.20 \$66.16	\$1,323.36 \$1,257.20 \$66.16	N/A	\$1,349.83 \$0.00 \$1,349.83
Fire Chiefs (LEOFF I) City Share Employee Deduction	\$1,049.37 \$1,049.37 \$0.00	\$1,049.37 \$891.97 \$157.40	N/A	\$1,070.36 \$0.00 \$1,070.36
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$1,049.37 \$891.97 \$157.40	\$1,049.37 \$891.97 \$157.40	N/A	\$1,070.36 \$0.00 \$1,070.36

WASHINGTON DENTAL SERVICE 2012 RATES (Fully Paid City Dental Premiums Unless Otherwise Noted)

Employee Group Most Employee, Library, & SHA City Share Employee Deduction	Single Employee with or without Children \$115.28 \$115.28 \$0.00	Employee with Spouse/Domestic Partner with or without Children \$115.28 \$115.28 \$0.00	TES Employee \$115.28 \$0.00 \$115.28	COBRA Rate \$117.59 \$0.00 \$117.59
LEOFF I & II (Non-Represented) City Share Employee Deduction	\$115.28 \$115.28 \$0.00	\$115.28 \$115.28 \$0.00	N/A	\$117.59 \$0.00 \$117.59
SPMA (LEOFF I & II) City Share Employee Deduction	\$115.28 \$115.28 \$0.00	\$115.28 \$115.28 \$0.00	N/A	\$117.59 \$0.00 \$117.59
Local 77 City Share Employee Deduction	\$124.30 \$124.30 \$0.00	\$124.30 \$124.30 \$0.00	N/A	\$126.79 \$0.00 \$126.79
CMEO City Share Employee Deduction	\$115.28 \$115.28 \$0.00	\$115.28 \$115.28 \$0.00	N/A	\$117.59 \$0.00 \$117.59
SPOG (LEOFF I & II) City Share Employee Deduction	\$125.34 \$125.34 \$0.00	\$125.34 \$125.34 \$0.00	N/A	\$127.85 \$0.00 \$127.85
Fire Chiefs (LEOFF I & II) City Share Employee Deduction	\$115.28 \$97.98 \$17.30	\$115.28 \$97.98 \$17.30	N/A	\$117.59 \$0.00 \$117.59

Dental Health Services 2012 RATES (Fully Paid City Dental Premiums Unless Otherwise Noted)

Employee Group Most Employee, Library, & SHA	Single Employee with or without Children \$140.36	Employee with Spouse/Domestic Partner with or without Children \$140.36	TES Employee \$140.36	COBRA Rate \$143.17
City Share Employee Deduction	\$140.36 \$0.00	\$140.36 \$0.00	\$10.71 \$129.65	\$0.00 \$143.17
LEOFF I & II (Non-Represented) City Share Employee Deduction	\$140.36 \$140.36 \$0.00	\$140.36 \$140.36 \$0.00	N/A	\$143.17 \$0.00 \$143.17
SPMA (LEOFF I & II) City Share Employee Deduction	\$140.36 \$140.36 \$0.00	\$140.36 \$140.36 \$0.00	N/A	\$143.17 \$0.00 \$143.17
Local 77 City Share Employee Deduction	\$162.24 \$162.24 \$0.00	\$162.24 \$162.24 \$0.00	N/A	\$165.48 \$0.00 \$165.48
CMEO City Share Employee Deduction	\$140.36 \$140.36 \$0.00	\$140.36 \$140.36 \$0.00	N/A	\$143.17 \$0.00 \$143.17
SPOG (LEOFF I & II) City Share Employee Deduction	\$162.24 \$162.24 \$0.00	\$162.24 \$162.24 \$0.00	N/A	\$165.48 \$0.00 \$165.48
Fire Chiefs (LEOFF I & II) City Share Employee Deduction	\$140.36 \$119.30 \$21.06	\$140.36 \$119.30 \$21.06	N/A	\$143.17 \$0.00 \$143.17

VISION SERVICE BASIC PLAN 2012 RATES

(Fully Paid City Vision Premiums Unless Otherwise Noted)

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share Employee Deduction	\$8.68 \$8.68 \$0.00	\$8.68 \$8.68 \$0.00	\$8.68 \$0.00 \$8.68	\$8.85 \$0.00 \$8.85
LEOFF I & II (Non-Represented) City Share Employee Deduction	\$8.68 \$8.68 \$0.00	\$8.68 \$8.68 \$0.00	\$8.68 \$0.00 \$8.68	\$8.85 \$0.00 \$8.85
SPMA (LEOFF I & II) City Share Employee Deduction	\$8.68 \$8.68 \$0.00	\$8.68 \$8.68 \$0.00	N/A	\$8.85 \$0.00 \$8.85
Local 77 City Share Employee Deduction	\$11.25 \$11.25 \$0.00	\$11.25 \$11.25 \$0.00	N/A	\$11.48 \$0.00 \$11.48
CMEO City Share Employee Deduction	\$8.68 \$8.68 \$0.00	\$8.68 \$8.68 \$0.00	N/A	\$8.85 \$0.00 \$8.85
SPOG (LEOFF I & II) City Share Employee Deduction	\$27.35 \$27.35 \$0.00	\$27.35 \$27.35 \$0.00	N/A	\$27.90 \$0.00 \$27.90
Fire Chiefs (LEOFF I & II) City Share Employee Deduction	\$8.68 \$7.38 \$1.30	\$8.68 \$7.38 \$1.30	N/A	\$8.85 \$0.00 \$8.85

VISION SERVICE BUY UP PLAN 2012 RATES

(Fully Paid City Vision Premiums Unless Otherwise Noted)

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share Employee Deduction	\$19.72 \$8.68 \$11.04	\$19.72 \$8.68 \$11.04	\$19.72 \$0.00 \$19.72	\$20.11 \$0.00 \$20.11
LEOFF I & II (Non-Represented) City Share Employee Deduction	\$19.72 \$8.68 \$11.04	\$19.72 \$8.68 \$11.04	\$19.72 \$0.00 \$19.72	\$20.11 \$0.00 \$20.11
SPMA (LEOFF I & II) City Share Employee Deduction	\$19.72 \$8.68 \$11.04	\$19.72 \$8.68 \$11.04	N/A	\$20.11 \$0.00 \$20.11
Local 77 City Share Employee Deduction	N/A N/A N/a	N/A N/A N/A	N/A	N/A N/A N/A
CMEO City Share Employee Deduction	\$19.72 \$8.68 \$11.04	\$19.72 \$8.68 \$11.04	N/A	\$20.11 \$0.00 \$20.11
SPOG (LEOFF I & II) City Share Employee Deduction	N/A N/A N/a	N/A N/A N/A	N/A	N/A N/A N/A
Fire Chiefs (LEOFF I & II) City Share Employee Deduction	\$19.72 \$7.38 \$12.34	\$19.72 \$7.38 \$12.34	N/A	\$20.11 \$0.00 \$20.11

	DOMESTIC PARTNER HEAI 2012 MONTHLY TAXAE				
Most City Employees	Medical	WDS Dental	Vision-Basic*	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$548.18	\$62.30	\$4.69	\$615.17	\$621.14
Traditional - Domestic Partner	\$509.14	\$62.30	\$4.69	\$576.13	\$582.10
Group Health Standard - Domestic Partner	\$500.55	\$62.30	\$4.69	\$567.54	\$573.51
Group Health Deductible - Domestic Partner	\$476.51	\$62.30	\$4.69	\$543.50	\$549.47
* Vision Buy-Up - Add additional imputed amount - Do	mestic Partner		\$10.66		
Preventive - Child	\$239.42	\$43.61	\$3.28	\$286.31	\$290.49
Traditional - Child	\$216.59	\$43.61	\$3.28	\$263.48	\$267.66
Group Health Standard - Child	\$220.82	\$43.61	\$3.28	\$267.71	\$271.89
Group Health Deductible - Child	\$203.37	\$43.61	\$3.28	\$250.26	\$254.44
* Vision Buy-Up - Add additional imputed amount - Ch	ild		\$7.46		

	DOMESTIC PARTNER HEA 2012 MONTHLY TAXA				
		DHS		Total with	Total with
Most City Employees	Medical	Dental	Vision-Basic*	Vision Basic	Vision Buy-Up
Preventive - Domestic Partner	\$548.18	\$75.85	\$4.69	\$628.72	\$634.69
Traditional - Domestic Partner	\$509.14	\$75.85	\$4.69	\$589.68	\$595.65
Group Health Standard - Domestic Partner	\$500.55	\$75.85	\$4.69	\$581.09	\$587.06
Group Health Deductible - Domestic Partner	\$476.51	\$75.85	\$4.69	\$557.05	\$563.02
* Vision Buy-Up - Add additional imputed amount - Dor	nestic Partner		\$10.66		
Preventive - Child	\$239.42	\$53.10	\$3.28	\$295.80	\$299.98
Traditional - Child	\$216.59	\$53.10	\$3.28	\$272.97	\$277.15
Group Health Standard - Child	\$220.82	\$53.10	\$3.28	\$277.20	\$281.38
Group Health Deductible - Child	\$203.37	\$53.10	\$3.28	\$259.75	\$263.93
* Vision Buy-Up - Add additional imputed amount - Chi	ld		\$7.46		

	DOMESTIC PARTNER HEAL	TH INSURANCE		
	2012 MONTHLY TAXAB			
		WDS		
Seattle Police Officers' Guild Employees	Medical	Dental	Vision	Total
Preventive - Domestic Partner	\$754.85	\$67.74	\$14.78	\$837.37
Traditional - Domestic Partner	\$672.14	\$67.74	\$14.78	\$754.66
Group Health Standard - Domestic Partner	\$674.35	\$67.74	\$14.78	\$756.87
Group Health Deductible - Domestic Partner	\$497.59	\$67.74	\$14.78	\$580.11
Preventive - Child	\$301.97	\$47.42	\$10.35	\$359.74
Traditional - Child	\$268.85	\$47.42	\$10.35	\$326.62
Group Health Standard - Child	\$269.74	\$47.42	\$10.35	\$327.51
Group Health Deductible - Child	\$199.04	\$47.42	\$10.35	\$256.81
	Т	DHS		1
Seattle Police Officers' Guild Employees	Medical	DHS Dental	Vision	Total
	Medical \$754.85		Vision \$14.78	Total \$857.31
		Dental		
Preventive - Domestic Partner	\$754.85	Dental \$87.68	\$14.78	\$857.31
Preventive - Domestic Partner Traditional - Domestic Partner	\$754.85 \$672.14	Dental \$87.68 \$87.68	\$14.78 \$14.78	\$857.31 \$774.60
Preventive - Domestic Partner Traditional - Domestic Partner Group Health Standard - Domestic Partner Group Health Deductible - Domestic Partner	\$754.85 \$672.14 \$674.35	Dental \$87.68 \$87.68 \$87.68	\$14.78 \$14.78 \$14.78	\$857.31 \$774.60 \$776.81
Preventive - Domestic Partner Traditional - Domestic Partner Group Health Standard - Domestic Partner Group Health Deductible - Domestic Partner	\$754.85 \$672.14 \$674.35 \$497.59	Dental \$87.68 \$87.68 \$87.68 \$87.68	\$14.78 \$14.78 \$14.78 \$14.78	\$857.31 \$774.60 \$776.81 \$600.05
Preventive - Domestic Partner Traditional - Domestic Partner Group Health Standard - Domestic Partner Group Health Deductible - Domestic Partner Preventive - Child	\$754.85 \$672.14 \$674.35 \$497.59 \$301.97	Dental \$87.68 \$87.68 \$87.68 \$87.68 \$61.38	\$14.78 \$14.78 \$14.78 \$14.78 \$10.35	\$857.31 \$774.60 \$776.81 \$600.05

	DOMESTIC PARTNER HEAI 2012 MONTHLY TAXAE					
WDS						
Local 77 Employees	Medical	Dental	Vision	Total		
Preventive - Domestic Partner	\$770.97	\$67.17	\$6.08	\$844.22		
Traditional - Domestic Partner	\$781.13	\$67.17	\$6.08	\$854.38		
Group Health Standard - Domestic Partner	\$635.88	\$67.17	\$6.08	\$709.13		
Preventive - Child	\$308.39	\$47.02	\$4.26	\$359.67		
Traditional - Child	\$312.45	\$47.02	\$4.26	\$363.73		
Group Health Standard - Child	\$254.34	\$47.02	\$4.26	\$305.62		
	 	DHS		<u> </u>		
Local 77 employees	Medical	Dental	Vision	Total		
Preventive - Domestic Partner	\$770.97	\$87.68	\$6.08	\$864.73		
Traditional - Domestic Partner	\$781.13	\$87.68	\$6.08	\$874.89		
Group Health Standard - Domestic Partner	\$635.88	\$87.68	\$6.08	\$729.64		
Preventive - Child	\$308.39	\$61.38	\$4.26	\$374.03		
Traditional - Child	\$312.45	\$61.38	\$4.26	\$378.09		
Group Health Standard - Child	\$254.34		\$4.26			

	DOMESTIC PARTNER HEAD				
	2012 MONTHLY TAXAE	BLE VALUES			
		WDS		Total with	Total with
Fire Chiefs (LEOFF 1)	Medical	Dental	Vision-Basic*	Vision Basic	Vision Buy-Up
Preventive - Domestic Partner	\$441.16	\$62.30	\$3.39	\$506.85	\$506.85
Traditional - Domestic Partner	\$425.92	\$62.30	\$3.39	\$491.61	\$491.61
Group Health Standard - Domestic Partner	\$406.89	\$62.30	\$3.39	\$472.58	\$472.58
Group Health Deductible - Domestic Partner	\$374.73	\$62.30	\$3.39	\$440.42	\$440.42
* Vision Buy-Up - Imputed amount - Domestic Partner			\$10.66		
Preventive - Child	\$239.42	\$43.61	\$3.28	\$286.31	\$290.49
Traditional - Child	\$216.59	\$43.61	\$3.28	\$263.48	\$267.66
Group Health Standard - Child	\$220.82	\$43.61	\$3.28	\$267.71	\$271.89
Group Health Deductible - Child	\$203.37	\$43.61	\$3.28	\$250.26	\$254.44
* Vision Buy-Up - Add additional imputed amount - Child \$7.46					
		DHS		Total with	Total with
Fire Chiefs (LEOFF 1)	Medical	Dental	Vision*	Vision Basic	Vision Buy-Up
Preventive - Domestic Partner	\$441.16	\$75.85	\$3.39	\$520.40	\$520.40
Traditional - Domestic Partner	\$425.92	\$75.85	\$3.39	\$505.16	\$505.16
Group Health Standard - Domestic Partner	\$406.89	\$75.85	\$3.39	\$486.13	\$486.13
Group Health Deductible - Domestic Partner	\$374.73	\$75.85	\$3.39	\$453.97	\$453.97
* Vision Buy-Up - Imputed amount - Domestic Partner \$10.66					
Preventive - Child	\$239.42	\$53.10	\$3.28	\$295.80	\$299.98
Traditional - Child	\$216.59	\$53.10	\$3.28	\$272.97	\$277.15
Group Health Standard - Child	\$220.82	\$53.10	\$3.28	\$277.20	\$281.38
Group Health Deductible - Child	\$203.37	\$53.10	\$3.28	\$259.75	\$263.93
* Vision Buy-Up - Add additional imputed amount - Child \$7.46					

	DOMESTIC PARTNER HEA	LTH INSURANCE			
	2012 MONTHLY TAXAE	BLE VALUES			
		WDS		Total with	Total with
Fire Chiefs (LEOFF 2)	Medical	Dental	Vision	Vision Basic	Vision Buy-Up
Preventive - Domestic Partner	\$598.56	\$62.30	\$4.69	\$665.55	\$665.55
Traditional - Domestic Partner	\$399.08	\$62.30	\$4.69	\$466.07	\$466.07
Group Health Standard - Domestic Partner	\$552.05	\$62.30	\$4.69	\$619.04	\$619.04
Group Health Deductible - Domestic Partner	\$508.43	\$62.30	\$4.69	\$575.42	\$575.42
* Vision Buy-Up - Imputed amount - Domestic Partner	•		\$10.66		
Preventive - Child	\$239.42	\$43.61	\$3.28	\$286.31	\$290.49
Traditional - Child	\$216.59	\$43.61	\$3.28	\$263.48	\$267.66
Group Health Standard - Child	\$220.82	\$43.61	\$3.28	\$267.71	\$271.89
Group Health Deductible - Child	\$203.37	\$43.61	\$3.28	\$250.26	\$254.44
* Vision Buy-Up - Add additional imputed amount - Child \$7.46					
	1	BUG			
Fire Chiefs (LEOFF 2)	Medical	DHS Dental	Vision	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$598.56	\$75.85	\$4.69	\$679.10	\$679.10
Traditional - Domestic Partner	\$399.08	\$75.85	\$4.69	\$479.62	\$479.62
Group Health Standard - Domestic Partner	\$552.05	\$75.85	\$4.69	\$632.59	\$632.59
Group Health Deductible - Domestic Partner	\$508.43	\$75.85	\$4.69	\$588.97	\$588.97
* Vision Buy-Up - Imputed amount - Domestic Partner			\$10.66	-	
Preventive - Child	\$239.42	\$53.10	\$3.28	\$295.80	\$299.98
Traditional - Child	\$216.59	\$53.10	\$3.28	\$272.97	\$277.15
Group Health Standard - Child	\$220.82	\$53.10	\$3.28	\$277.20	\$281.38
Group Health Deductible - Child	\$203.37	\$53.10	\$3.28	\$259.75	\$263.93
* Vision Buy-Up - Add additional imputed amount - Ch	ild		\$7.46		

Note: Some employee shares are adjusted by a penny to even numbers for payr 2012 PATEES

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Hartford Insurance Company

Monthly Premium: Fully paid by employee

Employee Only Coverage:\$0.02 per \$1,000 of BenefitEmployee & Family Coverage:\$0.03 per \$1,000 of Benefit

GROUP TERM LIFE INSURANCE

Standard Insurance Company

Basic Coverage: Monthly Premium: \$0.11 per \$1,000 of benefit

City Share: \$.044

Employee Deduction: \$0.066

Supplemental Coverage: Monthly Premium per \$1,000 of coverage

Age	Premium	Age	Premium
0 - 29	\$0.032	50 - 54	\$0.232
30 - 34	\$0.048	55 - 59	\$0.360
35 - 39	\$0.064	60 - 64	\$0.552
40 - 44	\$0.090	65+	\$0.960
45 - 49	\$0.152		

Dependent Child Supplemental Life (one premium covers all children)

Coverage Amount	Premium
\$2,000	\$0.40
\$5,000	\$1.00
\$10.000	\$2.00

LONG TERM DISABILITY INSURANCE

Standard Insurance Company

Non-Uniformed Employees Plan Monthly Premium:

City-Paid Basic Coverage: .35% of first \$667 of insured earnings
Employee-Paid Optional Coverage: .65% of next \$7,666 of insured earnings

EMPLOYEE ASSISTANCE PROGRAM: 2012 cost: \$20.76 per Budgeted Position